

**Minutes of the Trust Board Meeting
held on Thursday 29 November 2007, in the Education Centre, Ashford Hospital**

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| Present: | Mr Clive Thompson | Chairman |
| | Dr Mike Baxter | Medical Director |
| | Mr Paul Bentley | Acting Chief Executive |
| | Mrs Liz Brooks | Non-executive Director |
| | Mr Norman Critchlow | Non-executive Director |
| | Mr Glenn Douglas | Chief Executive |
| | Mrs Petra Cunningham | Director of Human Resources and Organisational Development |
| | Mr Ian Mackenzie | Director of Performance, Information and Facilities |
| | Mr Keith Mansfield | Director of Finance |
| | Mrs Aileen McLeish | Non-executive Director |
| | Mrs Michaela Morris | Director of Nursing and Operations |
| | Mrs Jenny Murray | Non-executive Director |
| | Mr Graeme Carman | Representative, Patient and Public Involvement Forum |
| | Dr Maurice Cohen | Representative, Patient Panel |
| | Dr Jonathan Morgan | Representative, Surrey PCT |

In attendance: Mrs Gail Soliman Personal Assistant to Chairman and Chief Executive – Board Secretary

| | | Action |
|---|---|--------|
| 1 | Apologies for absence: Mr Peter Field - Non-executive Director | |
| 2 | Minutes of the Public Trust Board Meeting held on 27 September 2007 The Minutes of the public meeting held on 27 September 2007 were agreed as a true record. | |
| 3 | Matters arising: | |
| | 3.1 <u>Meal survey</u> It was agreed that this work had been completed. | |
| | 3.2 | |
| 4 | Presentations: | |
| | 4.1 <u>Surgery and Urology</u> Mr Elliot Chisholm – Clinical Director Mr Martin Bleazard – Business Centre Manager Mr Chisholm and Mr Bleazard highlighted the following during their presentation. <ul style="list-style-type: none"> • Activity year to date is 30% above plan • Under 5% admissions occur before the day of surgery – a major improvement • Compliant with the European Working Time Directive following an increase in Registrars from 6 to 10 • Productivity increased to work towards the 18 week target • Constraints include pressure on beds and cancellations and theatre capacity and staffing • Future service developments for surgery include a one-stop hernia service • Urology – pilot rapid access clinic at Ashford Hospital • Cystoscopy and ultrasound with consultant urological surgeon and consultant radiologist • Support required for sterilisation unit of cystoscopies • Surgery – 23 hour short stay ward – Monday to Saturday • Will improve efficiency and be the driver for improved admission and discharge planning • Long term plans include <ul style="list-style-type: none"> - Integrated breast unit at Ashford Hospital using digital mammography - Endovascular theatre | |

- Central sterilisation of endoscopy equipment
- Increased service provision at Ashford Hospital

4.2 Specialist Surgery
Mr John Hadley - Clinical Director

The presentation from Mr Hadley included the following:

- Activity was 4.8% above that of last year
- Outpatient appointments were 2.6% above
- Working hard to bring referrals down to the 18 weeks
- First milestone 1 April then the target for the end of 2008
- Training requirement for clinical directors to include financial management

5 **Trust Board Member Reports:**

5.1 Chairman

Mr Thompson had attended the appreciation awards for the 4th year. Staff members are nominated by their peer groups and the awards represent the high standard, dedication and extra effort of the staff.

The Chairman was pleased that Mr Douglas, although now seconded to Maidstone and Tunbridge Wells NHS Trust for most of his time, was able to attend the meeting. Mr Thompson paid compliment to Mr Bentley and the Executive team who were continuing to provide management leadership for the Trust.

With regard to the merger discussions, the major piece of work of due diligence is not yet complete on either side. However there is positive evaluation on the reasons for merger. At the joint meeting early in October, both Medical Directors presented the clinical aspirations ranging from those more easily achieved to the longer term, including the location of a renal unit in Surrey.

Mr Thompson had attended a Chairs' meeting of the Orthopaedic Alliance. The Trust Orthopaedic department, the Rowley Bristow unit, is considered expert in limb reconstruction and is one of a small number of specialist units working in an acute district general hospital. Payment by results (PbR) unfortunately acts against a number of specialist surgical areas, including orthopaedics, renal and others, and this Alliance is arranging a meeting for all MPs at the end of January to lobby for changes to PbR.

The Chairman had also attended a workshop for Chairs at Templeton College, Oxford, where performance management was the theme for discussion.

He had also attended the St Luke's Day service and a meeting of the Friends of Ashford Hospital. Planning permission had been lodged for the remodelling of the Croft at St Peter's Hospital for the Stephanie Marks Appeal. Additionally a successful event with Max Clifford had raised further monies for the Appeal.

5.2 Non-executive Directors

There were no reports.

5.3 Acting Chief Executive

The Trust had faced a difficult period in A&E ensuring that patients were treated in the requisite time. One contributing factor had been a lack of medical beds but action was being taken address the situation.

The Trust Standard rating under the Healthcare Commission annual healthcheck was disappointing. It has since been announced that the method of assessment of use of resources will be changed so a more positive ALE score can be achieved from next year. A comparative evaluation of the first six months of this year has been made to allow more active management where necessary.

The report was **noted** by the Board.

5.4 Medical Director

Dr Baxter commented that, as was apparent from the two directorate presentations, appointments for clinical directors had included colleagues who would challenge where they felt it was appropriate and necessary. He agreed that there was a requirement for additional training for these posts and that discussions were ongoing to provide a version of the managers toolkit session for clinical directors.

The report was **noted** by the Board.

5.5 Acting Director of Human Resources and Organisational Development

Arrangements for the recruitment to junior medical posts for August 2008 have not been finally confirmed but will be amended following the major problems experienced this year.

Responding to a question, Mrs Cunningham confirmed that the appraisal process would assess if managers had developed appropriate managerial skills for their level and if attendance at a managers toolkit session or other training was required.

The report was **noted** by the Board.

5.6 Director of Performance, Information and Facilities

The deep cleaning team had been provided with a distinctive uniform so patients and their visitors would be aware of the work undertaken around the hospital.

The report was **noted** by the Board.

5.7 Director of Finance

Arbitration between the Trust and the PCT had been largely successful with two issues unresolved. One had since been accepted leaving the new to follow up ratio requiring further discussion.

Together with Mr Bentley, Mr Mansfield had met with senior managers of A2 Housing. However agreement on the voids issue had not been achieved.

The report was **noted** by the Board.

5.8 Director of Nursing and Operations

Mrs Morris provided the Board with an update on nurse recruitment. Although real benefits of the current hard work would not be seen for 3-4 months, some improvement could be seen with 19 staff due to join medicine between December and February. Adverts had been placed in Irish and Scottish publications and further open days were planned for theatre and medicine.

Discussions had taken place with NHS Employers on the need to relax regulations with regard to work permits, which was supported by the SHA Lead Nurse who also leads on workforce.

Local adverts had been placed for bank staff, advertisements were planned in the Forces resettlement information and the HR department were also looking at staff recently retired. With regard to theatre and ODP staff, there was massive competition with other trusts and the increase in operating lists nationally.

The report was **noted** by the Board.

6 Presentation - NHSLA Standards

Ms Marty Williams – Clinical Risk Manager

Ms Williams presented on the criteria and guidelines for the NHSLA Standards inspection scheduled for mid January. The gathering of evidence needs to become a continuous on-going process. There was discussion on a central database for information and a workshop has been held looking at significantly enhancing the retention of Trust documents.

7 Acute Services in Surrey

7.1 Fit for the Future

The 'Fit for the Future' document had been approved at the end of September. This provides guidelines for continuing commissioning and complies with Royal College recommendations.

A final meeting is scheduled for December to close the project.

7.2 Merger discussions with Frimley Park Hospital

The on-going merger talks with Frimley Park were discussed. Further work on the clinical model, due diligence on both sides and possible organisation structure was required. Talks will be held with both the Patient Panel and Public and Patient Involvement Forum before any public consultation

There were no plans to make major changes in the location of the provision of services which would mainly be provided locally as currently. High quality specialist care may be provided centrally, as is the case at the present time.

8 Performance Report

8.1 Activity

Mr Mackenzie advised that performance reports would now include an increased narrative to highlight positive as well as negative issues. Elective discharges remain underplan but are improving, but the new to follow up ratio is still too high. On 18 weeks, data showed that the Trust was above target on outpatients but under on inpatient. The patient information system has been upgraded so the quality of information should improve. Cancer, which is recorded one month behind, was back on track to meet the required target.

Sickness data is calculated across 7 days and although vacancies remained high, 30 new members of staff were due to start over the coming months.

8.2 Finance

Month 7 showed £118k surplus and, although non pay spend had increased, the positive runrate continued.

8.3 18 week target

The 18 week team provided a weekly update and the new software should improve recording of information. The pathway co-ordinator post has been readvertised and may be extended on an interim basis.

The report was **noted** by the Board.

9 Risk Management

9.1 Clinical Governance report

Items of note included:

- A fall in the number of incidents reported particularly in quarter 3 and 4.
- Infection Control
 - MRSA numbers were at the lowest since recording began
 - an additional £226k had been received for the deep clean programme
- Complaints
 - 4% increase during the year
 - no trends in increase between years but there had been an increase in activity
 - could complaints be compared against bed days – was there a national comparator?
- Patient comment cards would provide real time patient satisfaction levels and allow more timely response to issue trends.

The Board **noted** the report.

9.2 Top Risks

The Top Risks were clinical and did not include any corporate risks. The roles of the Audit Committee and Integrated Governance Advisory Committee need to be identified. It was agreed that an updated review of risks that included clinical corporate and financial should be presented at the Board meeting in January.

The Board **noted** the report.

9.3 Health and Safety report
The Board **noted** the report.

9.4 SHA Infection Control Challenge
The Trust had been praised for the work carried out on infection control. Some areas may have mandatory pre-assessment screening.

The Board **noted** the report.

10 **Items to note/approve:**

10.1 Rheumatology Trust Fund – Chairman's action

The Board noted the Chairman's action

10.2 Finance Committee minutes
The meeting on 15 October 2007 was not quorate.

The Finance Committee minutes for 17 September and 15 October 2007 were noted by the Board.

10.3 Audit Committee minutes
Mr Peter Field would Chair the Finance and Audit Committee meetings January to March which Ms Mcleish was abroad.

The Audit Committee minutes for 15 October 2007 were noted by the Board.

10.4 Annual Audit letter
The annual audit letter was noted by the Board.

10.5 Asset sale – Ashford Hospital
The Board discussed the sale of the eastern part of Ashford Hospital site, the car park. The arrangement would include lease back of the land to August to allow the rearranging of car parking over the whole site. The Board were assured that this meets the approval of the Auditors, SHA and DoH and that it was the right course of action

The Board approved this sale to the successful bidder.

10.6 Child Trust Fund – proposed paediatric HDU

The Board approved the use of funds from the Child Trust.

10.7 HSE document – 'leading health and safety at work'
It was agreed that the Board provided leadership but that continual reinforcement was required.

The document 'leading health and safety at work' was noted by the Board.

11 **Any other business**

There was no additional business.

Date of next public meeting:

Thursday 24 January 2008

1400 - 1600

Education Centre, Ashford Hospital